

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/563128

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1						51						
2		1					52						
3							53						
4		2					54						
5		2					55						
6		2					56						
7		1					57						
8		1					58						
9		1					59						
10		1					60						
11		1					61						
12		1					62						
13		1					63						
14		3					64						
15	1						65						
16	1						66			1			
17		1					67			1			
18		1					68				1		
19		1					69				1		
20		1					70				1		
21		1					71				1		
22		1					72				1		
23		1					73				1		
24		1					74				1		
25		1					75				1		
26		1					76				1		
27		1					77				1		
28		1					78				1		
29		1					79				1		
30		1					80				1		
31		1					81				1		
32		1					82				1		
33	1						83				1		
34		1					84			1			
35		1					85				1		
36		1					86				1		
37		1					87				1		
38		1					88				1		
39		1					89				1		
40		1					90				1		
41		1					91				1		
42		1					92				1		
43		1					93				1		
44		1					94				1		
45		1					95				1		
46		1					96				1		
47		1					97				1		
48		1					98				1		
49		1					99				1		
50		1					100				1		
TOTAL IND.		↓		↓		↓	TOTAL IND.		↓	4	↓		↓
TOTAL DEP.		↑		←		←	TOTAL DEP.		←	46	←		←
TOTAL CLAIMS							TOTAL CLAIMS			50			

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